

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	[Handwritten initials]	7029	11/29/0
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 " Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	12-7-01	
2	✓	8-24-02	
3	✓	5-26-03	
4	✓	11-7-03	
5	✓		
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Claim	Final	Original	Date
51	✓	12-7-01	
52	✓	8-24-02	
53	✓	5-26-03	
54	✓	11-7-03	
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100	✓		

Claim	Final	Original	Date
101	✓	12-7-01	
102	✓	8-24-02	
103	✓	5-26-03	
104	✓	11-7-03	
105	✓		
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

BEFORE AVAILABLE COPY